

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1. Date of Request: _____ 2 Serial/Patent # 10/51/275

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing Fee for claimed			\$ 225 - (DA)
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
✓ Other Overpayment for search			\$ 50 OA.

7 TOTAL AMOUNT
OF REFUND ~~Charged~~ \$ 225.

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

1	9	-	2	2	5	3
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10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Nationwide TITLE: _____

SIGNATURE: National Stage Processing PHONE: _____

OFFICE: Patent Specialist (703) 365-6421

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: